

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JT		6/17/01
O.P.E. CLASSIFIER		43	6/27/01
FORMALITY REVIEW	SL	1021	6/15/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected M _____ Non-elected
 - _____ Allowed I _____ Interference
 (Through remark) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions, staple additional sheet here. **BEST AVAILABLE COPY.**

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